Statement of Organization Date Stamp **CALIFORNIA Recipient Committee** the office of the Secretary of State

of the State of California ANGELES COUNTY **Statement Type** ☐ Initial ▼ Termination – See Part 5^l ☐ Amendment O Not yet qualified DEC 13 20210EC 23 PM 3: 55 O Date qualification threshold met Date qualification threshold met Date of termination 1. Committee Information 2. Treasurer and Other Principal Officers I.D. Number NAME OF COMMITTEE NAME OF TREASURER CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020 **HOLLY SEPIAN** STREET ADDRESS (NO P.O. BOX) 347 GREENWAY AVE. STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE STATE ZIP CODE 30452 RAINBOW CREST DR. **NEWBURY PARK** CA91320 818-521-9842 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY **AGOURA HILLS** CA 91301 DAVID SCHLUETER **FULL MAILING ADDRESS (IF DIFFERENT)** STREET ADDRESS (NO P.O. BOX) 30452 RAINBOW CREST DR. E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) STATE ZIP CODE AREA CODE/PHONE **AGOURA HILLS** CA 91301 818-730-3127 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE NAME OF PRINCIPAL OFFICER(S) CITY OF AGOURA HILLS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets. 3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under m penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I sertify under a penalty of perjury under the laws of the State of Collifornia that the foregoing is true and correct.

Executed on Date

By

Signature of controlling officeholder, Candidate, or State Measure Proponent

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FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER CITIZENS TO RE-ELECT LINDA NORTHRUP FOR CITY COUNCIL 2020 1430282 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ CITY Committee COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and

Small Contributor Committee

- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.